P.O. Box 12070

RECEIVED 001463-5800

The Ins		2003 DEC 31 PM 12: 57
	struction Guide explains how to complete this form plete only if "Report Type" on page 1 is marked "F	
C/OH N/	AME	2 ACCOUNT # (Ethics Commission file
\		
\$IGNA	TURE	
a repo	ot expect any further political contributions or political expenditures in int as a final report terminates my campaign treasurer appointme utions or make any campaign expenditures without a campaign trea	nt. I also understand that I may not accept any campaigr
		Signature of Candidate / Officeholder
,	WHO IS NOT AN OFFICEHOLDER blete A & B below <i>only</i> if you are not an officeholder. ••	
,,	······································	
۵.	CAMPAIGN FUNDS	
Check	only one:	
	I do not have unexpended contributions or unexpended interest or	income earned from political contributions.
	I have unexpended contributions or unexpended interest or income convert unexpended political contributions or unexpended interest also understand that I must file an annual report of unexpended coor unexpended interest or income earned on political contributions understand that I must dispose of unexpended political contributions in accordance with the requirements of Election Code,	or income earned on political contributions to personal use. ntributions and that I may not retain unexpended contribution s longer than six years after filing this final report. Further, ions and unexpended interest or income earned on political
в. ՝	ASSETS	
Check	conly one:	
	I do not retain assets purchased with political contributions or inter	est or other income from political contributions.
	I do retain assets purchased with political contributions or interest of may not convert assets purchased with political contributions or in use. I also understand that I must dispose of assets purchased with Election Code, § 254.204.	or other income from political contributions. I understand that aterest or other income from political contributions to personate
		Floria Fox Signature of Candidate
		Signature of Candidate
05510	SELIOL DED	
	EHOLDER plete this section <i>only</i> if you are an officeholder ••	

		TE/OFFICEHOLDI N FINANCE REPO	-' `	TY CLERK	COVER SH	RM C/OH HEET PG 1	
	e C/OH Instruction	N Guide explains how to com		DUNT# s Commission filers)	2 Total pages file	ed:	
3	CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST		MI	OFFICE USE ONLY		
	NAME	PLOKIH FOX NICKNAME LAST		SUFFIX	Date Received		
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #:	SAN ANT	STATE: ZIP CODE	Date Hand-delivered	or Date Postmarked	
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER		EXTENSION	Receipt #	Amount	
6	CAMPAIGN	MS / MRS / MR FIRST		МІ	Date Processed		
	TREASURER NAME	NICKNAME LAST		SUFFIX	Date Imaged		
7	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #;	CITY; STATE;	ZIP CODE	S	
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (2/0) 22 32 (06)		EXTENSION	PV. 00		
9	REPORT TYPE	January 15 30th day before election Runoff 15th day after				ampaign treasurer ficeholder only)	
		July 15 8th day befo	re election	Exceeded \$500 limit	Final report (Att	ach C/OH - FR)	
10	PERIOD COVERED	Month Day Year (6/27/03	THROUGH	Month Day	/03		
11	ELECTION	Month Day Year C C C C C C C C C C C C C C C C C C C	CTION TYPE Primary	Runoff	General	Special	
12	OFFICE	OFFICE HELD (if any)	1:	3 OFFICE SOUGHT (if knd	wn)		
14	NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. Name					
		Address / PO Box; Apt. / Suite #; City,	State; Zip Code				
	additional pages						
<u></u>		Go	O TO PAGE	2			

CANDIDATE / OFFICEHOLDER REPORT: 540 SUPPORT & TOTALS

FORM C/OH

2003 DEC 31 PM 12: 57 COVER SHEET PG 2

		Mon Den			
15 C/OH NAME			16ACCOUNT # (Ethics Commission filers)		
17 NOTICE FROM POLITICAL	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	\$ 0			
	2. TOTAL (OTHER	\$ 0			
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ O		
	4. TOTAL	POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE	5. TOTAL OF REP	* S			
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	HE \$ 0			
19 AFFIDAVIT	A S CONTRACTOR OF THE SECOND O	, , , ,	perjury, that the accompanying report information required to be reported by		
AFFIX NOTARY STAM	FOFTEKRS PPIRES 04-2005		Cididate or Officeholder		
Sworn to and subscri	bed before me, by 20 0 3 , to ce	the said Floriw FOX rtify which, witness my hand and seal of office.	, this the $\frac{3/87}{}$ day		
Mulindu 5. Signature of officer ac	dmighstering oath	Mclinda S. lope 2 Printed name of officer administering oath	Notary		